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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM	Application Number	09/943,531	
	Filing Date	08/30/2001	
	First Named Inventor	RISINGER	
	Art Unit	1634	
	Examiner Name	SAKELARIS, SALLY A	
Total Number of Pages in This Submission	10	Attorney Docket Number	SGL-2020-UT

ENCLOSURES (Check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-2038 in the amount of \$180.00			
		Remarks SB08 - 2 pages Cover letter - 2 pages Transmittal form (in duplicate)- 2 pages transmittal fee form (in duplicate) - 2 pages return Post card - 1 page PTO-2038 - 1 page 34 documents			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Biotechnology Law Group		
Signature			
Printed name	Bruce D. Grant		
Date	April 14, 2006	Reg. No.	47,608

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Reginald J. Gaudino	Date	4/19/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 24 2006
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FEE TRANSMITTAL
For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known

Application Number	09/943,531
Filing Date	August 30, 2001
First Named Inventor	RISINGER
Examiner Name	SAKELARIS, SALLY A
Art Unit	1634
Attorney Docket No.	SGL-2020-UT

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Small Entity</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		<u>Fee (\$)</u>
0 - 20 or HP = 0 x 0 = 0				0	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Small Entity</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		<u>Fee (\$)</u>
0 - 3 or HP = 0 x 0 = 0				0	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

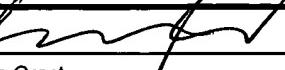
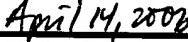
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = 0 / 50 = 0		(round up to a whole number)	x 0 = 0	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement \$180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 47,608	Telephone (858) 623-9470
Name (Print/Type)	Bruce Grant	Date 	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: RISINGER et al
Serial No.: 09/943,531
Filed: August 30, 2001
Title: Detection of CYP2C19 Polymorphisms

Examiner: SAKELARIS, SALLY A
Group Art Unit: 1634
Docket: SGL-2020-UT

INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam,

In compliance with the duty under 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the Examiner's attention for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form SB08A be considered by the Examiner and made of record. Pursuant to MPEP 609, Applicants request that a copy of the SB08A form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Applicants also bring to the Examiner's attention the existence of two co-pending related applications, 09/942,310 (Attorney Docket: SGL-2019-UT), filed August 29, 2001 (Examiner Goldberg, Jeanine Anne) and published March 6, 2003 as US20030044797 A1 and 09/943,115 (Attorney Docket: SGL-2021-UT), filed August 30, 2001 (Examiner Johannsen, Diana B.).

INFORMATION DISCLOSURE STATEMENT

Serial No.: 09/943,531

Filing Date: August 30, 2001

Title: Detection of CYP2C19 Polymorphisms

Page 2
Dkt: SGL-2020-UT

The listed documents are being submitted in compliance with 37 CFR § 1.97(b), after the mailing date of the first office action on the merits, but prior to the final office action.

Accordingly, Applicants respectfully submit payment of \$180.00.

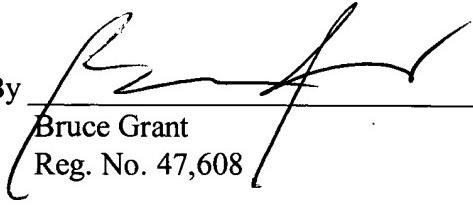
If Applicant has submitted the wrong fee for filing of the Information Disclosure Statement, please contact the undersigned attorney at (858) 623-9470.

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

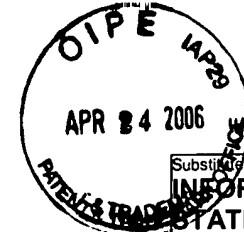
Respectfully submitted,

Date April 14, 2002
BioTechnology Law Group
527 N. Highway 101, Suite E
Solana Beach, CA 92075-1173
Telephone: (858) 623-9470
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By



Bruce Grant
Reg. No. 47,608



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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT
(Use as many sheets as necessary)

Complete if Known

Application Number	09/943,531
Filing Date	08/30/2001
First Named Inventor	RISINGER
Group Art Unit	1634
Examiner Name	SAKELARIS, SALLY A

Sheet 1 of 1

Attorney Docket No: SGL-2020-UT

US PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	A1.	4,889,818	12/26/1989	GELFAND and STOFFEL	
	A2.	5,648,482	07/15/1997	MEYER	
	A3.	6,077,664	06/20/2000	SLATER and HUANG	
	A4.	6,140,054	10/31/2000	WITTWER and BERNARD	
	A5.	5,912,120	06/15/1999	Goldstein et al	
	A6.	5,786,191	07/28/1998	Goldstein et al	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
	A7.	WO 00/12757	03/09/2000	Hauzenberger		
	A8.	WO-91/10745	07/25/1991	WOLF and MILES		
	A9.	WO-01/55432	08/02/2001	RAIMUNDO and ZANGER		
	A10.	EP0463395 B1	05/14/1997	MEYER		
	A11.	EP0759476 A1	02/26/1997	KAMATAKI		
	A12.	WO-95/30766	11/16/1995	Goldstein et al		
	A13.	GB 2371091	07/17/2002	Williams et al		

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	A14.	CHURCHILL and DOERGE, Genetics, 138:963-971 (1994)	
	A15.	LUNDQVIST et al., Gene, 226:327-338 (1999)	
	A16.	RAIMUNDO et al., Eur. J. Clin. Pharmacol., 55:A5 (1999)	
	A17.	RAIMUNDO et al., Pharmacogenetics, 10:577-581 (2000)	
	A18.	KIMURA et al., Am. J. Hum. Genet., 45(6):889-904 (1989)	
	A19.	ROMKES et al., Biochemistry, 30(13):3247-3253 (1991)	
	A20.	MAREZ et al., Pharmacogenetics, 7:193-202 (1997)	

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached



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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Use as many sheets as necessary)

Complete if Known

Application Number	09/943,531
Filing Date	08/30/2001
First Named Inventor	RISINGER
Group Art Unit	1634
Examiner Name	SAKELARIS, SALLY A

Sheet 2 of 2

Attorney Docket No: SGL-2020-UT

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
A21.		SACHSE et al., Am. J. Hum. Genet., 60:284-295 (1997)	
A22.		Gaedigk et al., Clinical Chemistry, 49(6):1008-1011 (2003)	
A23.		RAIMUNDO et al., Clinical Pharmacology and Therapeutics, 76(2):128-138 (2004)	
A24.		Soyama et al, Drug Metab. Pharmacokin., 19(4):snp19(313)-snp25(319) 2004	
A25.		Yamazaki et al., Drug Metab. Pharmacokin., 18(4):snp26(269)-snp28(271) 2003	
A26.		Lovlie et al., Pharmacogenetics, 11(1):45-55 (2001)	
A27.		Karam et al., Drug Metabolism and Disposition, 24(10):1081-1087 (1996)	
A28.		EMBL Database accession no. AR071577	
A29.		Kim et al., Clinical Pharmacology and Therapeutics, MOSBY year book 69(2):39 (2001)	
A30.		Excoffier and Slatkin, Mol. Biol. Evol., 12(5):921-927 (1995)	
A31.		Cytochrome P450 (CYP) Allele Nomenclature Committee. http://www.imm.ki.se/cypalleles/	
A32.		Johannson et al., Molecular Pharmacology, 46:452-459 (1994)	
A33.		Daly et al., Pharmacogenetics, 6(3):193-201 (1996)	
A34.		Zanger et al., Pharmacogenetics 11(7):573-585 (2001)	
A35.			

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached